APPROVED

THIS IS THE APPROVED TENTATIVE MAP/SITE PLAN PER CONDITION NO.____

PLANNING DEPT. DATE ENGINEERING DEPT. DATE

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THIS IS THE APPROVED TENTATIVE MAP/SITE PLAN PER CONDITION NO. ____OF PLANNING COMMISSION RESOLUTION NO. ____

PLANNING DEPT. DATE ENGINEERING DEPT. DATE

DATE:	RECOMMENDED BY:	DON NEU, Planning Director	DATE:	CONSISTENCY DETERMINATION EXHIBIT
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